

**PATENT**  
Practitioner's Docket No. MSU 4.1-406

**MAY 14 2001**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **Alberto L. Mendoza**

Application No.: **09 / 082,112** Group No.: **1647**

Filed: **1998 May 20** Examiner: **S. Turner**

For: **METHOD AND VACCINE FOR TREATMENT OF PYTHIOSIS INSIDIOSI IN HUMANS AND LOWER ANIMALS**

Assistant Commissioner for Patents  
Washington, D.C. 20231

**RECEIVED**

**MAY 17 2001**

**TECH CENTER 1600/2900**

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES  
(37 C.F.R. § 1.191)**

**NOTE:** An appeal may be based on one rejection in a prior application and one rejection in a continuing application. 62 Fed. Reg. 53,131, at 53,167; 1203 O.G. 63, at 93 (Oct. 10, 1997).

**NOTE:** There is no requirement for a notice of appeal to: (1) be signed; or (2) identify the appealed claims. 62 Fed. Reg. 53,131, at 53,167; 1203 O.G. 63, at 94 (Oct. 10, 1997).

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed 2/12/01, finally rejecting claims 16-25.

The item(s) checked below are appropriate:

**1. STATUS OF APPLICANT**

This application is on behalf of

- other than a small entity.  
 a small entity.

A statement

- is attached.  
 was already filed on 7/17/97 in parent application  
Serial No. 08/895,940

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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

**FACSIMILE**

transmitted by facsimile to the Patent and Trademark Office.

Tammi L. Taylor  
Signature

Tammi L. Taylor

(type or print name of person certifying)

(Notice of Appeal from the Primary Examiner to Board [9-6]—page 1 of 3)



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2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. § 1.17(b), the fee for filing the Notice of Appeal is:

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> small entity   | \$150.00 |
| <input type="checkbox"/> other than a small entity | \$300.00 |

Notice of Appeal fee due \$ 150

3. EXTENSION OF TERM

NOTE: The time periods set forth in 37 C.F.R. § 1.191 are subject to the provision of § 1.136 for patent applications. 37 C.F.R. § 1.191(d). (But see 37 C.F.R. § 1.645 for extension of time in interference proceedings and 37 C.F.R. § 1.550(c) for extension of time in reexamination proceedings).

(complete (a) or (b), as applicable)

The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

- (a)  Applicant petitions for an extension of time under 37 C.F.R. § 1.136  
(fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> four months	\$ 1,390.00	\$ 695.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

or

- (b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ 150

Extension fee (if any) \$ -0-

TOTAL FEE DUE \$ 150

## 5. FEE PAYMENT

- Attached is a  check  money order in the amount of \$ 150
- Authorization is hereby made to charge the amount of \$ \_\_\_\_\_
- to Deposit Account No. 13-0610
- to Credit card as shown on the attached credit card information authorization form PTO-2038.

**WARNING:** Credit card information should not be included on this form as it may become public.

- Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

## 6. FEE DEFICIENCY

**NOTE:** If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, 1065 O.G. 31-33.

- If any additional extension and/or fee is required,

AND/OR

- If any additional fee for claims is required, charge:
- Deposit Account No. 13-0610
- Credit card as shown on the attached credit card information authorization form PTO-2038.

**WARNING:** Credit card information should not be included on this form as it may become public.



SIGNATURE OF PRACTITIONER

Ian C. McLeod

(type or print name of practitioner)

2190 Commons Parkway

P.O. Address

Okemos, Michigan 48864

Date: **5/11/01**

Reg. No.: **20,931**

Customer No.: **21036**